

<b>Case Number:</b>	CM15-0102234		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	11/23/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 29-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 23, 2012. In a Utilization Review report dated May 18 2015; the claims administrator denied a request for lumbar MRI imaging and eight sessions of physical therapy. The claims administrator referenced a May 12, 2015 RFA form in its determination. "On said May 12, 2015 RFA form; eight sessions of physical therapy and lumbar MRI imaging were sought. In a progress note dated February 4, 2015, the applicant reported ongoing complaints of low back pain. The applicant was asked to follow up in six to eight weeks." On May 1, 2015, the applicant was described off work owing to allegedly incapacitating low back pain. Radiation into the buttocks was appreciated. Radiation of pain to the right leg was reported. Well-preserved lower extremity strength was appreciated with a non- antalgic gait. The applicant was described as having positive "albeit improving" straight leg raising. The attending provider stated that he believed that the applicant's herniated disk was recovering spontaneously and that physical therapy would prove beneficial here. The attending provider stated that the applicant had developed a recent flare in pain and symptoms on her around February 24, 2015. The attending provider stated that he believed that the applicant had sustained a new, separate, distinct injury on February 24, 2015. A 20-pound lifting limitation was endorsed."

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI (magnetic resonance imaging) Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered and/or red flag diagnoses are being evaluated. Here, the attending provider did seemingly acknowledge on May 1, 2015 that the applicant's lumbar radicular pain complaints were improving spontaneously and trending toward resolution. The attending provider stated that the applicant could likely be rehabilitated non-operatively on that date and further noted that lumbar MRI imaging could likely be put on hold at that point in time. Thus, it did not appear that the applicant was actively considering or contemplating any kind of surgical intervention involving the lumbar spine as the symptoms were seemingly trending favorably as of May 1, 2015. Therefore, the request was not medically necessary.

**Physical Therapy, 2 times wkly for 4 wks, 8 sessions, Low Back: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**Decision rationale:** Conversely, the request for eight sessions of physical therapy for lumbar spine was medically necessary, medically appropriate, and indicated here. The eight-session course of physical therapy at issue is consistent with the 8 to 10 sessions recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. The attending provider seemingly stated that the applicant had developed some acute flare in symptoms and/or sustained a new injury or re-injury on February 24, 2015. Obtaining an eight-session course of physical therapy was needed to ameliorate the same, facilitate the applicant's functional recovery, and/or obviate the need for surgery, as the attending provider suggested on May 1, 2015, at which point, it was stated that the applicant was trending favorably, was returned to modified duty work, and was in need of additional treatment for strengthening and stretching purposes. Therefore, the request was medically necessary.